

Name in Full

Certificate of Death

Amanda Abigail

Died at ^{Town} Bladenboro ^{County} Prince Georges

MARYLAND

Date 189 ^{Month} 8 ^{Day} June 11 ^{Y.} Age 21 ^{M.} — ^{D.} — ^{Native of} Md ^{Occupation} House wife

~~Male~~ ^{White} ~~Marrd~~ ^{Single} ~~Widow~~ ^{Number of children living}

~~Female~~ ^{Colored} ~~Married~~ ^{Widower}

Husband of

Father's Name John Abigail

Mother's Name Cornelia Tucker Abigail

Cause of { Primary Syphroid fever

Death { Immediate — —

How long sick
Two weeks

Accident, Suicide, Homicide

Reported by Dr Charles

Address Hyattsville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79708



Name in Full **Thomas Howard**
 Died at **Bladensburg** ^{Town} **Prince Geo. County** ^{County} **MARYLAND**
 Date 1898 **June 15th** ^{Month} **34** ^{Day} **-** ^{Y.} **-** ^{M.} **America** ^{D.} **none** ^{Native of} **none** ^{Occupation}
~~Male~~ ~~Female~~ ~~White~~ ~~Colored~~ ~~Married~~ ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ ~~Number of children living~~
 Husband of _____
 Wife _____
 Father's Name **Thomas Howard Sr.** ^{Head} Mother's Name **Amanda Clark**
 Cause of Death { **Primary** **Consumption** **22 a.** **1 month** **How long sick**
Immediate **Accident, Suicide, Homicide**
 Reported by **Dr. Richard Wynn or Wells**
 Address **Keyattsville M. D.** **over**

Nov. 14th 1896

X X

Attended by Dr. Richardson or Wells
of Hyattsville Md.

Information contained in this certificate was
received from F. Garth Wyntar
Clark
of Bladensburg Md.

Name in Full

Certificate of Death

William Johnson
 Died at ^{Town} Hyattsville ^{County} Prince Georges

MARYLAND

Date 189 ^{Month} 8 ^{Day} June 10 ^{Y.} ^{M.} ^{D.} Age ^{Native of} ^{Occupation}

Male ^{White} Married ^{Widow} ^{Divorced}
 Female ^{Colored} ^{Single} ^{Widower} Number of children living

Husband of Rachel Johnson
 Wife

Father's Name Mother's Name

Cause of Death { Primary Paralysis 44 How long sick ten days

Death { Immediate Accident, Suicide, Homicide

Reported by Charles M. D.

Address Hyattsville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 78706



Name in Full

Certificate of Death

Died at

Date 189

Husband of

Wife

Father's

Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Helen E. Kratochm

P. M.

Month Day Y M D

June 9

Age 9

Male Female

Single

Widow

Number of children living

Name

Name

Name

Name

Name

Name

Name

Name

Name

Name

Name

Name

Name

Name

Name

Name

Name

Name

MARYLAND

Occupation

Native

A. C.

A. C.

A. C.

A. C.

A. C.

A. C.

A. C.

A. C.

A. C.

A. C.

A. C.

A. C.

A. C.

A. C.

A. C.

A. C.

A. C.

A. C.

A. C.

A. C.

A. C.

A. C.

A. C.

A. C.

How long sick

Accident, Suicide, Homicide



Name in Full

Certificate of Death

Helen Louise Kretschmar

Died at ^{Town} Hyattsville, ^{County} Prince George • MARYLAND

Date 189 ^{Month} 8 - ^{Day} 3. Age ^{Y.} 9. ^{M.} 8. ^{D.} 20. ^{Native of} District Columbia (Child
^{White} ~~Married~~ ~~Widow~~ ~~Divorced~~
^{Female} ~~Colored~~ ^{Single} ~~Widower~~ ~~Number of children living~~

Husband
ofWife
Father's
Name

H. M. Kretschmar

Mother's
Name

Emma K.

Cause of Death { Primary Immediate } Sun stroke 149 How long sick Two days.
 Accident, Suicide, Homicide

Reported by

Dr. G. A. Richardson

Address

Hyattsville Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Charles Edward Shrum, Jr.

Town

County

Died at

Branchville Prince Geo. Co.

MARYLAND

Date 189	Month	Day	Y.	M.	D.	Native of	Occupation
8	June	24	1	4	14	Maryland	
Male	White	Married				Widow	Divorced
Female	Colored	Single				Widower	Number of children living

Husband
of
Wife

Father's

Name

Charles Edward Shrum

Mother's

Name

Elizabeth Shrum.

Cause of

Primary

Ulcerative Colitis

How long sick

7 days

Death

Immediate

Exhaustion.

~~Accident, Suicide, Homicide~~

Reported by

A. H. Lewis, M.D.

Address

Brimyrd Ind.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, WASH.

101101



Name in Full

Certificate of Death

Reynard Vennilya

Town

County

Died at Lateland

Prince George.

MARYLAND

Date 189 *8* Month *June* Day *4* Y. *1* M. *4* D. *29* Native of *Pa* Occupation

Male White ~~Married~~ ~~Widow~~ ~~Divorced~~ ~~Number of children living~~

~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~

Husband
of
WifeFather's
Name *Henry U. Vennilya*Mother's
Name *Hattie Vennilya*

Cause of { Primary *Cholera Infantum*

Death { Immediate *Exhaustion*

How long sick
3 days~~Accident, Suicide, Homicide~~Reported by *A. H. Lee M.D.*Address *Berwyn Md.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

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WALL 1740

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